

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.  
10727192

FILING DATE  
12-02-03

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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25		1				
26		1				
27		1				
28		1				
29		1				
30		13				
31		11				
32		8				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	60					
TOTAL CLAIMS	61					

	IND	DEP	IND	DEP	IND	DEP
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52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						